



COMMONWEALTH of VIRGINIA
Office of the Governor

John Littel
Secretary of Health and Human Resources

April 23, 2024

James G. Scott, Director
Division of Program Operations
Medicaid & CHIP Operations Group
Centers for Medicare and Medicaid Services
601 E. 12th St., Room 355
Kansas City, MO 64106

Dear Mr. Scott:

Attached for your review and approval is amendment 24-010, entitled "Brain Injury Services Targeted Case Management" to the Plan for Medical Assistance for the Commonwealth. I request that your office approve this change as quickly as possible.

Sincerely,

A handwritten signature in blue ink that reads "John E. Littel".

John E. Littel

Attachment

cc: Cheryl J. Roberts, Director, Department of Medical Assistance Services

Transmittal Summary

SPA 24-010

I. IDENTIFICATION INFORMATION

Title of Amendment: Brain Injury Services Targeted Case Management

II. SYNOPSIS

Basis and Authority: The Code of Virginia (1950) as amended, § 32.1-325, grants to the Board of Medical Assistance Services the authority to administer and amend the Plan for Medical Assistance. The Code of Virginia (1950) as amended, § 32.1-324, authorizes the Director of the Department of Medical Assistance Services (DMAS) to administer and amend the Plan for Medical Assistance according to the Board's requirements.

Purpose: This SPA will allow entities licensed by the Department of Behavioral Health and Developmental Services as providers of case management services, specifically community services boards, to provide services under the brain injury services targeted case management (BIS TCM) program.

DMAS implemented the BIS TCM program in January 2024 pursuant to [House Bill 680](#) of the 2022 legislative session and the [2022 Appropriations Act](#). Allowing CSBs to become BIS TCM providers will help facilitate the BIS TCM program's implementation.

Substance and Analysis: The section of the State Plan that is affected by this amendment is "Case Management Services"

Impact: None.

Tribal Notice: Please see attached.

Prior Public Notice: N/A.


Public Comments and Agency Analysis: N/A.

Tribal Notice – Brain Injury Services Targeted Case Management

Lee, Meredith (DMAS) <Meredith.Lee@dmas.virginia.gov>

Thu 4/4/2024 3:04 PM

To:TribalOffice@MonacanNation.com <TribalOffice@MonacanNation.com>;Ann Richardson <chiefannerich@aol.com>;Gerald Stewart <jerry.stewart@cit-ed.org>;pamelathompson4@yahoo.com (pamelathompson4@yahoo.com) <pamelathompson4@yahoo.com>;rappahannocktrib@aol.com (rappahannocktrib@aol.com) <rappahannocktrib@aol.com>; Reggie Stewart <regstew007@gmail.com>;Gray, Robert <robert.gray@pamunkey.org>;Adrian Compton <tribaladmin@monacannation.com>;chiefstephenadkins@gmail.com (chiefstephenadkins@gmail.com) <chiefstephenadkins@gmail.com>;bradbybrown@gmail.com (bradbybrown@gmail.com) <bradbybrown@gmail.com>; tabitha.garrett@ihs.gov (tabitha.garrett@ihs.gov) <tabitha.garrett@ihs.gov>;kara.kearns@ihs.gov (kara.kearns@ihs.gov) <kara.kearns@ihs.gov>;Mia Eubank (mia.eubank@ihs.gov) <mia.eubank@ihs.gov>;davehennaman@gmail.com <davehennaman@gmail.com>;administrator@nansemond.gov <administrator@nansemond.gov>;info@afwellness.com <info@afwellness.com>;info@fishingpointhc.com <info@fishingpointhc.com>;contact@Nansemond.gov <contact@Nansemond.gov>;brandon.custalow@mattaponination.com <brandon.custalow@mattaponination.com>; admin@umitribe.org <admin@umitribe.org>

 1 attachments (171 KB)

04-04-24 Tribal Notice letter, signed by CR.pdf;

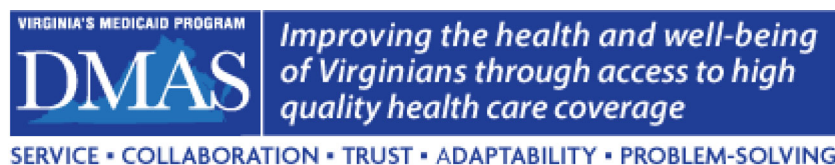
Dear Tribal Leaders and Indian Health Programs:

Attached is a Tribal Notice letter from Virginia Medicaid Director, Cheryl Roberts, indicating that the Department of Medical Assistance Services (DMAS) plans to submit a State Plan Amendment (SPA) to the federal Centers for Medicare and Medicaid Services. This SPA will allow entities licensed by the Department of Behavioral Health and Developmental Services as providers of case management services, specifically community services boards, to provide services under DMAS' brain injury services targeted case management program.

If you would like a copy of the SPA documents or proposed text changes, or if you have any questions, please let us know.

Thank you! -- Meredith Lee

Meredith Lee
Policy Division
Policy, Regulations, and Manuals Supervisor
Department of Medical Assistance Services
Hours: 7:00 am - 3:30 pm (Monday-Friday)
meredith.lee@dmas.virginia.gov
(804) 371-0552





COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

CHERYL J. ROBERTS
DIRECTOR

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RICHMOND, VA 23219
804/786-7933
800/343-0634 (TDD)
www.dmas.virginia.gov

April 4, 2024

SUBJECT: Notice of Opportunity for Tribal Comment – State Plan Amendment related to Brain Injury Services Targeted Case Management.

Dear Tribal Leader and Indian Health Programs:

This letter is to notify you that the Department of Medical Assistance Services (DMAS) is planning to amend the Virginia State Plan for Medical Assistance with the Centers for Medicare and Medicaid Services (CMS). Specifically, DMAS is providing you notice about a State Plan Amendment (SPA) that the Agency will file with CMS in order to allow entities licensed by the Department of Behavioral Health and Developmental Services as providers of case management services, specifically community services boards, to provide services under the brain injury services targeted case management (BIS TCM) program.

DMAS implemented the BIS TCM program in January 2024 pursuant to [House Bill 680](#) of the 2022 legislative session and the [2022 Appropriations Act](#). Allowing CSBs to become BIS TCM providers will help facilitate the BIS TCM program's implementation.

We realize that the changes in this SPA may impact Medicaid members and providers, including tribal members and providers. Therefore, we encourage you to let us know if you have any comments or questions. The tribal comment period for this SPA is open through May 4, 2024. You may submit your comments directly to Meredith Lee, DMAS Policy Division, by phone (804) 371-0552, or via email: Meredith.Lee@dmas.virginia.gov. Finally, if you prefer regular mail you may send your comments or questions to:

Virginia Department of Medical Assistance Services
Attn: Meredith Lee
600 East Broad Street
Richmond, VA 23219

Please forward this information to any interested party.

Sincerely,



Cheryl J. Roberts, JD
Director

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

CASE MANAGEMENT SERVICES

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. (42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

The enrolled provider shall:

- Be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) or ~~other similar accreditation agency.~~
- Be licensed by the Department of Behavioral Health and Developmental Services (DBHDS) as a provider of case management services.

The enrolled provider shall also:

- Guarantee that individuals have access to emergency services on a 24-hour basis.
- Demonstrate the ability to serve individuals in need of comprehensive services regardless of the individual's ability to pay or eligibility for Medicaid reimbursement.
- Have the administrative and financial management capacity to meet state and federal requirements.
- Have the ability to document and maintain individual case records in accordance with state and federal requirements.

Case management services shall be provided by a professional or professionals who meet the following criteria:

- At least a bachelor's degree from an accredited college or university and
- Be a Qualified Brain Injury Support Provider (QBISP) or Certified Brain Injury Specialist (CBIS) or
- Licensure by the Commonwealth as a registered nurse and
- Be a Qualified Brian Injury Support Provider (QBISP) or Certified Brain Injury Specialist (CBIS)

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2. STATE

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX

XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

5. FEDERAL STATUTE/REGULATION CITATION

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY _____ \$ _____

b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
Secretary of Health and Human Resources

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

15. RETURN TO

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

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